

MATERIALS REQUEST FORM
SMOKING CESSATION IN PREGNANCY (SCIP) &
BODY SENSE PROGRAM



Date: _____

County: _____

Materials Requested:

Quantity Requested:

Quit & Be Free (SCIP Booklets) _____

Quit & Be Free Quit Kits _____

SCIP Documentation Forms _____

Body Sense Teen Newsletter _____

Prize (*with Teen Newsletter*) _____

Other _____

Please send materials to:

Name: _____

Affiliation: _____

Address: _____

E-mail: _____

Phone: _____

Fax: _____

Please complete and return to:

Maternal and Child Health Coordinator
Department of Health and Mental Hygiene
Center for Health Promotion, Education, and Tobacco Use Prevention
201 West Preston Street, Baltimore, MD 21201
Phone: (410) 767-1362 Fax: (410) 333-7903